

SLTC-250

(Rev 1/2017)

Self Direct Provider Agency

Internal Quality Assurance Review

	Total	N/A	# met	# unmet	%
December Total Caseload _____					
Intake Review: Intake Total _____ Intake Review Sample _____					
PCP Form with signatures					
Service Plan with signatures					
Member/PR Agreement with signatures					
HCP Authorization with signatures					
MPQH Overview and Service Profile					
High Risk Service Plan					
High Risk Referral to MPQH					
PCP Form contains member/PR initials					
PCP Form contains member information in every box					
Service Plan documents ADL/IADL tasks and ADL frequency					
December Caseload minus intakes _____					
Recertification Review: Recertification Review Sample _____					
Recertification Form with signatures					
Recertification Form includes correct authorized units from Service Plan					
Recertification Form includes correct utilization from review of SDR					
Recertification visit occurred within six months of intake or annual					
Current HCP Authorization with signatures					
Current PCP Form with signatures					
Current PCP Form contains member information in every box					
Current Service Plan with signatures					
Current Service Plan documents ADL/IADL tasks and ADL frequency					
Flexibility parameters implemented according to policy					
Temporary authorization completed when change occurs					
Implement new Service Plan within 10 working days after receive MPQH amendment to profile					
Missing Recertification Visit (List member names)					
Name of Person Completing Form:					
Date Form Completed:					